

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD****1**

		DO NOT ROUND
1. Taxable Earnings Paid All Employees Subject To City Income Tax ..	1.	\$
2. City Income Tax 1% of Line 1.....	2.	\$
3. Actual Tax Withheld in Quarter for City Income Tax.....	3.	\$
4. Adjustments of Tax for Prior Quarter .....	4.	\$
5. Penalty/Interest .....	5.	\$
6. Total, Include Interest and Penalty if any.....	6.	\$

Number of Taxable Employees.....

FILING REQUIRED EVEN IF NO  
TAX DUE FOR THE PERIODDUE ON OR BEFORE  
**APRIL 15, 2013**FOR THE MONTHS OF  
**JAN, FEB, MAR 2013****MAKE CHECK PAYABLE TO:****CITY OF LEBANON  
INCOME TAX DEPARTMENT  
50 S. BROADWAY  
LEBANON, OH 45036-1777****PHONE: (513) 933-7205****EIN NO:** \_\_\_\_\_**ACCOUNT NO:** \_\_\_\_\_NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

PHONE \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD****2**

		DO NOT ROUND
1. Taxable Earnings Paid All Employees Subject To City Income Tax ..	1.	\$
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5. Penalty/Interest .....	5.	\$
6. Total, Include Interest and Penalty if any.....	6.	\$

Number of Taxable Employees.....

FILING REQUIRED EVEN IF NO  
TAX DUE FOR THE PERIODDUE ON OR BEFORE  
**JULY 15, 2013**FOR THE MONTHS OF  
**APR, MAY, JUN 2013****MAKE CHECK PAYABLE TO:****CITY OF LEBANON  
INCOME TAX DEPARTMENT  
50 S. BROADWAY  
LEBANON, OH 45036-1777****PHONE: (513) 933-7205****EIN NO:** \_\_\_\_\_**ACCOUNT NO:** \_\_\_\_\_NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

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(OFFICIAL TITLE) \_\_\_\_\_

PHONE \_\_\_\_\_

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4. Adjustments of Tax for Prior Quarter .....	4.	\$
5. Penalty/Interest .....	5.	\$
6. Total, Include Interest and Penalty if any.....	6.	\$

Number of Taxable Employees.....

FILING REQUIRED EVEN IF NO  
TAX DUE FOR THE PERIODDUE ON OR BEFORE  
**OCTOBER 15, 2013**FOR THE MONTHS OF  
**JUL, AUG, SEP 2013****MAKE CHECK PAYABLE TO:****CITY OF LEBANON  
INCOME TAX DEPARTMENT  
50 S. BROADWAY  
LEBANON, OH 45036-1777****PHONE: (513) 933-7205****EIN NO:** \_\_\_\_\_**ACCOUNT NO:** \_\_\_\_\_NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
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(OFFICIAL TITLE) \_\_\_\_\_

PHONE \_\_\_\_\_

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# EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

4

		DO NOT ROUND
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6. Total, Include Interest and Penalty if any.....	6.	\$

Number of Taxable Employees.....

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

DUE ON OR BEFORE  
**JANUARY 15, 2014**

FOR THE MONTHS OF  
**OCT, NOV, DEC 2013**

**MAKE CHECK PAYABLE TO:**  
**CITY OF LEBANON**  
**INCOME TAX DEPARTMENT**  
**50 S. BROADWAY**  
**LEBANON, OH 45036-1777**  
**PHONE: (513) 933-7205**  
**EIN NO: \_\_\_\_\_**  
**ACCOUNT NO: \_\_\_\_\_**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

PHONE \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

## W-3 INSTRUCTIONS

### ALL EMPLOYERS MUST COMPLETE THE RECONCILIATION FORM BELOW AND FILE THIS REPORT BEFORE FEBRUARY 28, 2014

Pursuant to Ordinance Section 151.060 on or before Feb. 28 each year, each employer shall file a withholding return on a form or forms prescribed by and obtainable from the Tax Commissioner, setting forth the names and addresses of all employees from whose compensation the tax was withheld during the preceding year, and the amount of tax withheld from the listed employees and such other information as may be required by the rules and regulations adopted. The total amount of compensation paid to each employee shall be shown, even though (in the case of nonresidents) such compensation may not have been fully subject to Lebanon tax and withholding. If some other city's income tax was also withheld, please so indicate in the extreme right hand column below. Continue on the reverse side or attach additional sheets of this same size if space requirements below are inadequate. Additional copies of this form are available upon request. Employers desiring to submit copies of W-2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W-2 forms, please attach Form W-3 to top of stack. If item 7 below indicates overpayment, the possibility of a refund may be discussed with the Tax Division. If additional tax is indicated, attach payment when filing.

NAME AND ADDRESS OF EMPLOYEE	TOTAL EARNINGS FOR THE YEAR	LEBANON TAX WITHHELD	OTHER CITY TAX WITHHELD
TOTAL THIS PAGE			
TOTAL ALL PAGES			

### WITHHOLDING TAX RECONCILIATION FOR TAX YEAR 2013

1. TOTAL NUMBER OF TAXABLE EMPLOYEES .....	<b>MAIL TO: CITY OF LEBANON</b> <b>INCOME TAX DEPARTMENT</b> <b>50 S. BROADWAY</b> <b>LEBANON, OH 45036-1777</b>  <b>ACCOUNT NO: _____</b>  <b>NAME: _____</b>  <b>ADDRESS: _____</b>  <b>EMAIL: _____</b>
2. TOTAL PAYROLL FOR THE YEAR ..... \$	
3. LESS PAYROLL NOT SUBJECT TO TAX..... \$	
4. PAYROLL SUBJECT TO TAX..... \$	
5. WITHHOLDING TAX LIABILITY OF 1% OF LINE 4..... \$	
6. TOTAL INCOME TAX WITHHELD FROM WAGE AS SHOWN BY LINE 1, EMPLOYERS QUARTERLY RETURNS (W-1)	
QUARTER ENDING MARCH 31 ..... \$ QUARTER ENDING JUNE 30..... \$ QUARTER ENDING SEPTEMBER 30..... \$ QUARTER ENDING DECEMBER 31 ..... \$  TOTAL FOR YEAR 2013..... \$	
7. OVERPAYMENT \$ _____ OR TAX DUE ..... \$	<b>MUST BE FILED ON OR BEFORE FEBRUARY 28, 2014</b> <b>ATTACH COPIES OF W-2 FORMS AND INCLUDE 1099 MISC FORMS</b>